

Administrative Internal Use Only

407
74-0407

1974

MEMORANDUM FOR: Director of Central Intelligence

SUBJECT : The Agency's Alcohol Prevention and Treatment Program

STATINTL

REFERENCE : IG's memo to the DCI dtd 15 Jan 74, subj: [REDACTED]
[REDACTED] 26 Dec 73 Letter to Mr. Colby
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1. This memorandum is in response to your request for comments on suggestions made in paragraph 4 of the Inspector General's memorandum.

2. The pertinent elements of the Inspector General's paragraph 4 consist of:

a. his statement that the Office of Personnel is responsible for this program;

b. his suggestion that "these services are best rendered by our psychiatrists in OMS";

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c. his statement that "I feel that [REDACTED] key role in the alcohol program suggests that we actually view alcoholism as a social stigma, not a disease; that our primary aim is to separate alcoholics, not cure them; and that OMS has for some reason deferred to OP in this area";

d. his suggestion that "our alcohol program and its organization may need some re-thinking."

3. Before addressing myself to the above points, I believe it is worthwhile to review some fundamental elements of the program. Federal policy recognizes alcoholism as a treatable illness. Guidelines for action suggest that Federal managers utilize non-disciplinary procedures under which an employee with a drinking problem is offered rehabilitative

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assistance and, failing response to offers of assistance, invoke regular disciplinary procedures for dealing with problem employees.

4. The Office of Medical Services is not considered to have "for some reason deferred to OP in this area." Indeed, the Office of Medical Services has done and is still doing a considerable amount of professional work in the area. The respective roles in the program for the several responsible offices were carefully thought out prior to the program's activation; the central role assigned to the Office of Personnel was consistent with the guidance issued for this program which is a Federal program. The Office of Medical Services was and is of the opinion that this arrangement is appropriate and one that permits it to concentrate its professional talents in the areas of diagnosis, care and treatment. It would, of course, be possible to centralize the coordination of the Agency's program in the Office of Medical Services, but this would not, in my belief, change either the structure of the program nor would it appreciably change the performance of the program. To say that alcoholism is an illness and should be treated in the same way as other illnesses is an oversimplification. The diagnosis and treatment of tuberculosis, pneumonia, or cancer is hardly comparable to the diagnosis and treatment of alcoholism. Among others, one of the major difficulties in this field is the early identification of the problem. Society still looks upon alcoholism as being stigmatic. The problem drinker has great difficulty in volunteering to himself or to others that he is a problem drinker. Supervisors are slow in recognizing that poor performance may stem from overuse of alcohol. Some of our patients are willing to consult with a psychiatrist in the Office of Medical Services but are unwilling to consult with the Office of Personnel counselor. For others the reverse is true. In some instances, the patient may be willing to talk freely only to another alcoholic.

5. I believe we have a three-element program in which the Office of Medical Services and the Office of Personnel collaborate and, when appropriate, use the services of a volunteer recovered alcoholic. Our policy with regard to alcoholism, which recognizes it as a treatable illness requiring every reasonable effort on our part to assist and counsel the patient, is based on the Federal Government policy. At the same time, also based on Federal Government policy, is that element of our program which says that when all else has failed, the employee is separated. This is a practical recognition of the fact that some individuals will respond best to that kind of coercive persuasion and practical recognition of the fact that an organization can ill afford to support indefinitely an employee who fails to respond satisfactorily to the organization's efforts to assist him.

6. There are some ways in which I believe we can strengthen our program. First, I have asked the Directors of Personnel and Training to work toward including in all management courses a segment on alcoholism. To show a film and conduct a seminar in only one course, as we now do, is a beginning but is not enough. Second, I have asked the Director of Personnel and the Director of Medical Services to ensure that regular meetings are held between the members of those components engaged in this program in order to increase coordinated activity and to provide me with an annual status report on the program which I will refer to you.

/s/ Harold L. Brownman

HAROLD L. BROWNMAN
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for
Management and Services

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